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PLACE OF BIRTH	ARIZONA STATE BOARD OF HEALTH
1. County of Gila BUREAU	J OF VITAL STATISTICS State Index No.
District of	L CERTIFICATE OF BIRTH Co. Registrar No. 426
Town of Miami ORIGINAL	Local Registrar No
or	4
City of	103 Reppy Aul. St. Ward) a hospital or institution, give its NAME instead of street and number)
2. Full name of child norma Edwar	da Reid   If child is not yet named, make supplemental report, as directed
3. Sex of Control of C	mate? Mes of Text. 9.1722
8. FATHER Full Learge Warren Reid	14. MOTHER Full maiden Myrtle Mary Cedwards
9. Residence Miami, Anizons (Usual place of abode) If nonresident, give place and State	15. Residence Miami, Aujona (Usual place of abode) If nonresident, give place and State
10. Color or race fuhice 11. Age at last birthday 24 (3	
12. Birthplace (city or place) Clahama (State or country)	(State or country)
13. Occupation miner	19. Occupation Housewife
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive ar	nd now living (b) Born alive but now dead (c) Stillborn
CERTIFICATE OF ATTEN	IDING PHYSICIAN OR MIDWIFE.  who was alive at 2:35 m. on the date above stated.
Average Abana was no offending physician	or J. miles
etc. should make this return. A stillborn	Miani (Physician exmidwife)
Given name added from	9/26 22 B. Tr. Hards
(Month, day, year)	iled Oct (e. 1922 State Registrar.
	iled County Registrar.